VS A15



2411 N. Charles St., Baltimore (35)

Dr. Rewio

MOVEL A PROPERTY OF A PARTY OF RECEASED

# CERTIFICATE OF DEATH

City or town	Clty or town (If outside city or town limits, write RURAL and give nearest town)  Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MANY Armstead	3. (b) Social Security Number
4. Sez  5. Color or race  8. (a) Single, married, widowed, or divorced  Hettale Colored  Married  Married  None of husband or wife Anials Ormatical	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	and that I last saw h. M. alive 00
9. Birthplace	Due to Outsoure
11. Industry or business 1  12. Name Jules Forces 1  13. Birtholize / Juleansfordeg ()	Other capdillons Leus Difference  Other capdillons Leus Difference  (Include pregnancy within 3 months of death)
14. Maiden name. Usus 100 W. 15. Birthplace	Major findings of operations.  Dale of op.
Address 326 Jallot Staton Md  11	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory All Child Child Staff Staf	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?
19	23. SIGNATURE Super S M. D. or other 5.49

RECEVED JAN 29-1946 BUIKEAU V. R.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-

# CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newbord infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4/Sex 5-Bolgr or/race 6.(a)Single, married, widowed, or divorced linguished files of husband or wife.	MEDICAL CERTIFICATION  2D. DATE OF DEATH  21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  70  9. Birthplace	and that I last saw h alive on 19 19 19 19 Immediate cause of death DURATION Type Due to Primary ion mediational lymph.
10. Usual occupation	Due to
12. Name Office	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Apro Lerda Af. Coher	Autopsy results
Address  17. David  (Burlal, cremation, or removal, Which?)  Date thereof Tab. 3, 19 46  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or seematory  Location  Cemetery or seematory  Location	Where did injury occur? (City or town) (County) (State)  Injured af home, farm, Industry, public place (where?)  Means of injury Injured at work?
18. Funeral director	23. SIGNATURE Journal M. D. grother  Address. Date signed 7.1.46

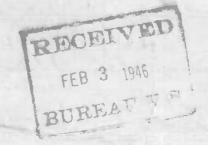


# CERTIFICATE OF DEATH

() () 9 () 6 Reg, Diat. No. . 2 7 7 ....

20 20 20	2411 N.	. Charles St., Baltimore	00906
	CERTIFI	CATE OF DEATH	Reg. Diat. No. 2.
on caretully. The correct clearly and legibly.	1. PLACE OF DEATH:  County	City or town	Sounty Supplies to the state of
on c	How long in hospital or institution?	2.(a) If veteran, name war	
ormati death	3. (g) FULL NAME Mallen G. Campler		3. (b) Social Security Number
	4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
causes	Leall Caland Maried	20. DATE DE DEATH Janua	30 1946 18 A'
-= o	8.(6) Name of husband or wife Illullacian T. Cambel  B.(c) If alive, give age 8.4	21. I CERMFY that death occurred on the date	above stated; that attended deceased from 19.46
every rite th		64 and that I last saw harmalive on	form 30 19 4
ADING INK. Supply eve Physicians: please write	8. AGE: Years Months Days If less than one day	Immediate coats of death	Hemoschaft 26 day
INK. ns: pl	9. BirthplaceJ. elsefifthwal vd (Yowngcounty, and state)	Oue to Aspletin	Brow 3 years
NG	1D. Usual occupation	Oue to	
Fr.	11. Industry or business  12. Name. Henry Land	Other conditions	
tai	13. Birthplace Staff (14. Maiden name Annue / Barrely)	(Include pregnancy within	
WITH	15. 8irthplace Second		Date of op
	16. Informant 2 With Campler	Autopsy results	which death should be charged statistically.
NI	Address, Mapp May	22. VIOLENCE: tf death was due to external	
PLAINLY, is especially	(Burial, cronation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
ITE	Cemetery or cremators Temperature Connectors	Where did injury occur?(City or tow	rn) (County) (State)
WR	Location Lo Mund H Bornem	Means of Injury	Injured at work?
EASE	Address Camberridage	23. SIGNATURE Hayman	d'T. Dribb M.D.
PL	19. Jan 3101 1946 700 as 1000	Registrar Address Carton	M. D. or other  M. D. or other  About 180 46

MARGIN RESERVED FOR BINDING



Evidence for change of

# MARYLAND STATE DEPARTMENT OF HEALTH

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INTO TO DITOMIT OIL	ss Sc., Daitimore 1700
LM No. I O O JAN 27 1040 CERTIFICAT	TE OF DEATH Reg. Dist. No. 290
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate. MARY AND County Darches Tev  City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
	20hee 3. (b) Social Security Number
4. Sex  M  5. Color or race  Single, married, widowed, or divorced  Single	MEDICAL CERTIFICATION  20. DATE OF DEATH January 9 19.46 at 815 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Take a Y a 9 19 4 6. 10 Take a 9 19 4 6  and that I last saw h A alive on Jake a 9 19 4 6  Immediate cause of death DURATION  Due to Due to Dute to
16. Informani.  Address  Rodesdel  17	Autopsy results. PHYSICIAN: Please underline the cause to which desth should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Date rec'd hy registrar) Registrar	Address Dulay Usa Date signed 10746

JAN 17 1946 BUREAU V S.

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

County	Clly or lown (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rurai, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color olvace 6.(d.Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 1-2- 1946, 21/0 R M
8.(b) Name of husband or wife 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) 1 - 2 - 4 6	21. I CERTIFY that weath occurred on the date above stated; that I alleded deceased from  and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Immediato cause of death  Control  S V We
9. Birthplace	Due to.
10. Usual occupation	Due to
12. Name Standard Colored  13. Birthplace Preston And  14. Maiden name Sarala Stockley  15. Birthplace Tremat Par	Other conditions
18. Information of Colors and Colors Address Saston Md'	Autopsy results
17. (Burial, eremation, or removal. Which?)  Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Constitution Constitut	Where did injury occur?
18. Funeral director Memorial Joseph Laddress Sastan rud	Means of injury Injured at work?  23. SIGNATURE Bake M. D.
19. (Date rec'd by registrar) 19.46 N. H. Meuros Registrar	Address M. D. or other Date signed

JANIA 1945

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

# CERTIFICATE OF DEATH

D	Dist	NI.	2	90
Keg.	Diat.	No.		

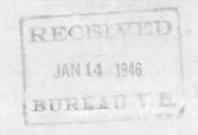
	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State MM4 PMA C County (Charles)
City or town (If outside city or town limits, write RURAL and give uearest town)	City or town
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, of street address where death occurred:  New York and American Market Street and Street Str	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3 <sub>s</sub> (a) FULL NAME	
Baby Boy Coleman # 2	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W single	20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	JULY 19 174, to JULY 19 44
7. Birth date of	and that I last saw h. W.A. alive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: 1881 Months 195 min.	SW M
9. Birthplace	Due to
10. Usual occupation.	
11. Industry or business	Due to
12. Name Cacaraer  13. Birthplace Preston Nd	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Local S. Koelles)  15. Birthplace	Major findings of operations
15. Birthpiace I remail a	Date of op.
16. Informant has been de Colores	Autopsy results
Address Easten nd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cress 1/2/4/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removai. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Macanal Tapetal	Where did injury occur?
Location Sactor rud	Injured at home, farm, industry, public place (where?)
Do a di Att. A-A	Means of Injury Injured at work?
18. Funeral director	
Address Zastan MgV	23. SIGNATURE Dole Dole M.D.
19. 1/3 19.46 My Merries	M, D, or other
(Date red d by registrar) Registrar	Address Date signed 1214-6

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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PLEASE

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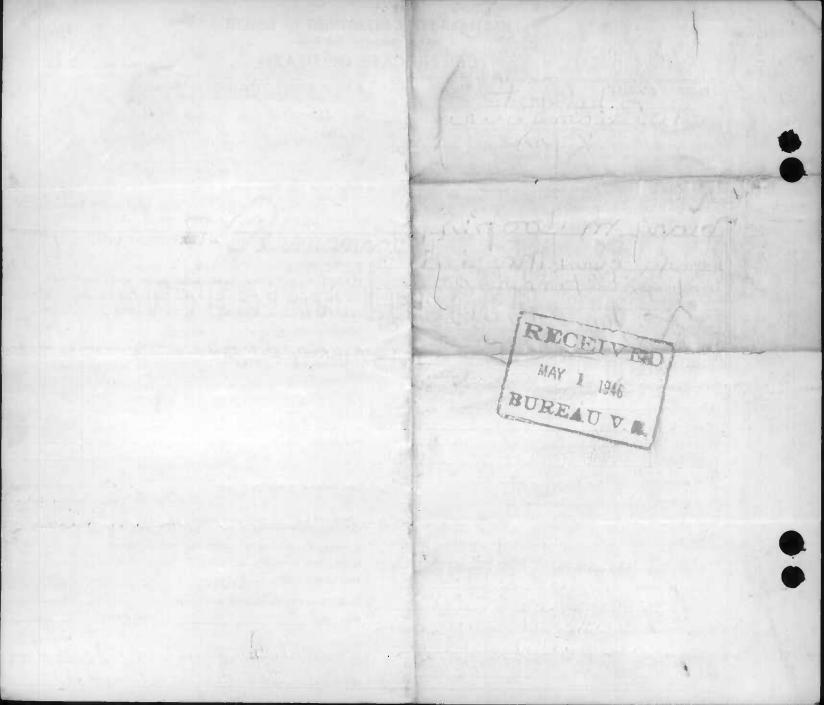
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0/086

# CERTIFICATE OF DEATH

-	CERTIFICAT	Reg. Dist. No.
	City or town  (If outside city or town limits, write RURAL and give newrest town)  Row tong in above place of death?  How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newporn infants live residence of mother)  State
	3. (a) FULL NAME  4. Sex   5. Color or race   6.(a)Single, mar led, widowed, by divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
	Somale Colored Married.	20. DATE OF DEATH. JAN. 2. 2. 1946 21 4 1.
	8.(6) Name of husband or wife lemonder cooks.  7. Birth date of deceased (mo., day, yr.) fam. 30, 1882	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from
	7. Birth date of deceased (mo., day, yr.) 30, 1882  8. AGE: Years Months Days If less than one day	and that I last saw he alive on DURATION  Immediate cause of death DURATION
	64 min.	Intustification 7 days
	9. Birthplace	Due to.
	11. Industry or business  12. Name Losses To Daniel	Dither conditions.
	12. Name of the first land	(Include pregnancy within 8 months of death)
	14. Maiden name	Major findings of operations
	16. Informant Elexander Cooper	Antopsy results
	Address Walland Date thereof (month) (day (year))	22. VIOLENCE: If death was due to external causes, filt(in the following;  Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	Location Control Control	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
	Address Combridge Address	Hoelmand T. Malle M.D.
1	18 18 3 1846 Mith Registrar	Address Date signed 1.22.44



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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00910

# CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  City or town  St. Michaels  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Winfred Covington  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   White   Married	20. DATE OF DEATH. Jan 4, 1946. 19
6.(b) Name of husband or wife Florence 6.(c) If alive, give age 55 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from  19
deceased (mo., day, yr.) June 26 1884	
8. AGE: Years   Months   Days   If less than one day	Acute coronary Disease 1 hr
9. Birthplace Tilghman Talbot Maryland (Town, county, and state)  10. Usual occupation. Oil  11. Industry or business	Due to
12. Name James Fletcher Covington	Diher conditions None
14. Malden name Margaret Richardson 15. Birthplace Talbot County 16. Informant Florence Covington	(Include pregnancy within 3 months of death)  Major findings of operations. NONE
16. Informant Florence Covington Address St. Michaels	Autopsy results NONE  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof	VIOLENCE: If death was due to external causes, fill in the following;      Accident, suicide, or homicide
Cemetery or crematory. Cememery	Where did injury occur?
Location St. Michaels	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. Norman Marshall	Means of Injury Injured at work?
Address St. Michaels, Md.	IT I all la
19. Jan 7 19. 46 John Hurcoalia Date rec'd by registrar) Head Registrar	23. SIGNATURE M. D. or other . 46 Address. Date signed.

FEB 5 1946
BUREAU V.S.

# Du Lewis.

# 2411 N. Charles St., Baltimore /3-f-CERTIFICATE OF DEATH

M	he correct age
	information carefully. To death clearly and leg
	RITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	WITH UNFADING INF important. Physicians:
	RITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

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	PLAINI.V
	ρ
-	WPITE
3 A15	FAGE
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1. PLACE OF DEATH: To Chat	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new for histories give residence of mother)
County.	State Mars County Gallott.
City or lows. (If outside city or town limits, write RURAL and give nearest town)	Gadla-1
How long in anove place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, invitation, or street address where death occurred:	Street No
	2.(a) It veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
alua Belle Naveaso	215-16-854
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fullal Colored Single	2D. DATE DF DEATH SAM DII 10 46-, 81/1730 M
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	19 4 19 to Lase 19 19
7. Birth date of (1841) (1901)	and that t last sawn la alive on Delo 57 19 45 19
deceased (mo., day, yr.)  8. A.G.E: Years Months Days If less than one day	Immediaty cause of feath
8. AGE: Years Months Days If less than one day  24 8 20	Outuray 2000
Philip II	loses 2 gra
8. Birthplace (Town county, and state)	Due to
1D. Usual occupation	O
11. Industry or business	Due to.
12. Name alex barrarolly	Dither conditions Sallo Nusleus
13. Birthplace 6 Farlow Mila	
	(Include pregnancy within 3 mouths of death)
14. Malden name. Ella Therman 15. Birthpiace Fallow	Major nudiugs of operations.
3 15. Birthpiece	Date of op.
18, Informant	Autopsy results
Address May Mou Man	22. VIOLENCE: If death was due to external causes, fill in the following:
[Burial, cremation, nr removal, Which]  Bate thereof pumnth (day (year)	Accident, sulcide, or homicide
1220011 1 10011101111	Where did injury occur?
Cemetery or crematory	Injured at home, farm, industry, public place (where 2)
Location Location	Means of injury Injured at work?
18. Funeral director Mulling D. Melling D.	1/2/ 1/1/
Address / Tax Ton Ma.	23. SIGNATUPE JA Theyrz UM
1/11 10 46 m fl neerie	23. Signature. M. D. nr nther
19. Recistrar	Address Date signed

JAN 17 1946

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 927

23. SIGNATURE.....

# 00912

M. D. or other

#### CERTIFICAT

E OF DEATH	Reg. Diat. No	290
2. USUAL RESIDENCE (HOME) OF (For newborn infanta give residence of n	DECEASED: nother)	L
City or town (It outside city or town limits,	write RURAL and give/near	est town)
Street No	LOCATION)	
2.(a) It veteran, name war		
ekerson	3. (b) Social Security N	lumber
MEDICAL CE	RTIFICATION	11-1-1-1-1
20. DATE OF DEATH Januar	y 5 18 H	at 11 a. " N
21. I CERTIFY that death occurred on the date about		sed from
JUL 26 19	45, to Jun	J 19 7 6
and that I last saw h. L. Malive on	Jane S	19
Immediate cause of death.	in D. Charles	DURATION 2 da.
Due to. Climing My	ocadolis	Jeu. Mas.
		***************************************
Due to		
Other conditions Dron las	prumia	1 Wk.
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
	Date ot op	
Antopsy results	ch death should be charged s	tatistically.
22. VIOLENCE: It death was due to external caus	es, fill in the tollowing;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (who	ere?)	
Means of Injury	Injured at work?	
010	B 0	. 2

Date signed.

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street addies where death occurred: How long in hospital or institution?. 3. (a) FULL NAME S. Color or race 6.(a)Single, married, widowed, or divorced 4. Sex 8.(b) Name of husband or wife 872 .8.(c) It alive, give age .... 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: ...brs. 9. Birthplace..... (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name.... 13. Birthplace 14. Malden name 15. Birthplace 16. Intermant Address (Buriai, cremation, or removai. Which?) Cemetery or crematory 18. Funeral directo Address (Date rec'd hy registrar) Registrar

JAN 17 1946

VS A15

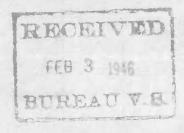
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

# CERTIFICATE OF DEATH

()(1913 Reg. Diat. No. 290

1 DIACE OF DEATH	A HEHAL BEEDENCE (FLORATE) OF BECKLEED.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	11.
City or town 2010 astro	State Many Coupy Coupy
City or town	City or town & M. M iskeels
How long la above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	
I'M empial Harital	(If rural, give LOCATION)
41	
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
	0,(0) 00000 000000 000000
Wester Fayhanke	
4. Sex 5. Color or rage 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. 1 M. 1. h n	1
temale It hote Married	20. DATE DE DEATH January 21 1946 85 10 P. M
h. alle I Inile le	21. I CERTIFY that peath occurred on the sate above stated; that I attended deceased from
B.(b) Name of husband or wife M M. T.	
R.(c) If alive, give are 36 years	July 15 19. 12 , to Daniery 21 19. 16.
7. Birth date of B.(c) If alive, give age 3.6 years	and that I last saw h. 12 alive on
deceased (mo., day, yr.) /2e · 12, 1909	Immediato cause of death
8. AGE: Years   Months   Days   If less than one day	
36 1 9min.	Illusa Idaga
36   9mln.	
9. Birthplace Oxford md.	Duo to Hepsets-renal failure
9. Birthplece	
10. Usual occupation.	
1B. Usual occupation.	Due to Tugues Chy Therena Larus Disseminating 3, years
11. Industry or business	4
# 12. Name Mc Chapenie Wakson	But 2011
	Dther conditions
\$ 13. Birthplace Of food a Mal	(Include pregnancy within 3 months of death)
14. Malden name Kattis Bayrard	(include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Dead And	Date of op.
16. Informant My fletted of australia	Antopay results. Ascilias, Laparte to which death should be charged statistically.
Address St. Micheale, Rol	
13.0	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlal, cremation, or removal, Which?)  Bate thereo! (month) (day) (year)	Accident, suicide, or homicide
N/	
Cemetery or crematory. St. Nucleaco	Where did Injury occur?
80 0000	
Location St. Muchaels, Ma.	Injured at home, farm, Industry, public place (where?)
1 Moustall.	Means of Injury Injured at work?
18. Funeral director	- CAN
Address St Muchaels Mel.	2. 11 Pol 47
	23. SIGNATURE M. C. Lalinus M. D. or other
19 1/22 19 46 M. N. Merus	
(Date rec'd by registrar) Registrar	Address Caston Mary and Bate Stand 1/2 4/4/6



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 9300

# CERTIFICATE OF DEATH

00914

Reg.	Dlat.	No.	2	94
------	-------	-----	---	----

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Quality	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2 4 mo	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Linda Mae Louise Fairbank	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white dill	20. DATE OF DEATH 102 2 2 19 8 d et CP M
0 (8) Name of husband or mile	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(b) Name of husband or wife	Jan 10 18 40 10 Jun 2 18 14
7. Birth date of	and that I last saw h 27 allye on Jan 26 19/84
deceased (mo., day, yr.) lug 25-1943	and that has saw it and the other same of the same of
8. AGE: Years Months Days If less than one day	Immediate causgrof death Duration Secretary Buration
2 4 /hrsmin.	pu and
a Birthalana Wittiman Julbot Co mb	34.00.11. 2.01.
9. Birthplece. (Town, county, and state)	Due to
10. Usual occupation. Cheld	
	Due to
11. Industry or bookness  Millard Marchant	
E 12. (1986)	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Marshall	(include pregnancy within a months of death)
14. Malden name Mary Marchael  15. Birthplace Wilthman, Talbot Co. Md.	Major findings of operations.
milland Trainla L	Date of op.
10. Intument	Autopsy results
Address Wittman mel	
17 Burial Date thereof Jan 19 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or respectal, Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Olivet terreture	Where did injury occur? (City or town) (County) (State)
Location of michaels, mile	Injured at home, farm, industry, public place (where?)
18. Funeral director Newmann + Harrison	Means of tnjury tnjured at work?
Address St. michaels Ind.	Guerra Rosal WX
19. Talk 28th 1946 Augue C. Thomas Registrar	Address Date signed

FEB 5 1946
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

Mag a	2411 N. Charle	s St., Baltimore 7/	
ect	CERTIFICAT	E OF DEATH	g. Dist. No. 2 9 0
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEA (For newborn imants give residence of mother)  State	RAL and give pearest town)
tion 1 cl	How long in hospital or institution?	2.(a) If veteran, name war	
iformat if death	3. (a) FULL NAME  4. Sex   5. Color or race   6. (a) Single, married, Ablowed, or divorced		Social Security Number
of	M. W. Married	MEDICAL CERTIFI	45
-	6.(b) Name of husband or wife Mary Es transplore	21. I CERTIFY that death occurred on the date above stated;	1 04 41/
eve	7. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)	and thet I last saw h	DURATION
Supply lease wr	8. AGE: Years Months Days If less than one day	Inantios	year
K.	9. Birthplace (Town, county, and state)	Due to Avitamen ori	yen
	1D. Usual occupation tarmen (nettrad)	Due to	
1 6	11. Industry or business    12. Name   2.	Differ conditions	
WITH UNF.	14. Maiden name Mark Harrison RD  15. Birthplace RD  16. RD	(Include pregnancy within 8 months of a	leath)
WITH r impor			Date of op
PLAINLY, vis especially	Address Easton. md.	Antopsy results PHYSICIAN: Please underline the cause to which death 22. VIOLENCE: If death was due to external causes, fill in	
PLAI s esp	17	Accident, suicide, or homicide	
WRITE	Cometery or crematory Spring Till	Where did injury occur?(City or town)  Injured at home, farm, industry, public place (where?)	(Cognty) (State)
	18. Funeral director of audice of flyour Hoy		njured at work?
EASE	Address EastM Mil	23. SIGNATURE Cleartin 7. 4.	
PL	19. (Date rec'd by registrar) 19. 46 M. St. Pluster	Address Eceston, level	M. D. or other Date signed 1-31-46

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PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

# CERTIFICATE OF DEATH

00916 Rog. Dist. No. 294

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Mary land County Labort
(If outside city or town limits, write RURAL and give nearest town)	No. P
How tong In above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mussell W. Harrison	none
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE DE DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19
march	21. I CERTIFY that beath occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	20/1 1 19 to len 12 19 46:
7. Birth date of	end that I last saw be complete on the same of the saw because on the same of the saw because of the saw bec
7. Birth date of deceased (mo., day, yr.) 11. 25-1899	
18 AGE: Tears   Months   Days   If tess fhan one day	Immediate cause of dept.
46 6 1 20min.	
a Richalore Delstoman Vallot Co. md.	Bue fa.
9. Birthplace. (Town, county, and state)	DUC 10
10. Usual occupation. See & See Medical See	Due 10.
11. Industry or business Acon business	DUC 1 U.
= 12 Name D Clay los Herrison	Other conditions.
12. Name Clay of Tenno.	
	(Include pregnancy within 3 months of death)
14. Maiden name Colons The State The	Major findings of operations.
\$ 15. Birthplace perposelas allaced the	Bate of op.
16, Informant Ged. J. Theresses	Antopsy results
Address Wilsky ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A 1 - 13 111	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Ageident, suicide, or homicide
Cemetery or crematory Wills home methodes	Where did injury occur?
1961 H. 2 1	Injured at home, farm, indusfry, public place (where?)
Location	
18. Funeral director January John Sandar Danshill	Means of Injury Injured at work?
Address Ministration	Iver res Relat Parch
	23. SIGNATURE M.D. or other
19. (Date roe'd by registrer) 19 J J J J J J J J J J J J J J J J J J	Address To Ighoreay Tuf Bate Sall 2/9 46

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7470)

# CERTIFICATE OF DEATH

00917

Reg. Dist. No. 294	Reg.	Reg. Di	at. No	29	4
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iounty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limita, write RURAL and give nearest town)  Strest No.  (If rural, give LOCATION)  2.(a) if veteran, name war.  3. (b) Social Security Number
Laura Jeanette Howeth	nones
1. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced white manual sides of husband or wife I through thought thought.  1. Birth dale of 10. 6. 6. 6. 15 alive, give age 6.5 years  1. Birth dale of 10. 6. 6. 6. 17 476	MEDICAL CERTIFICATION  2D. DATE DF DEATH
Birth date of deceased (mo., day, yr.)   LOw., 25 -   886	Immediata cause of death  Concordey ac weeken Duration
Birthplace Faurfant Tallert Co. md  (Town, county, and atate)  10. Usual occupation Housework	Due to
12. Name. James Jt. Callie  13. Birtholigee Virginia	Dither conditions
14. Malden name elle alut aluncan  15. Birthplace Telghuan, Jul	Major findiogs of operations
Address Trainly med	Actopsy results
17 Burish Dale thereof (month) (day) (year)  Cemetery or crematory (constant)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Hawkouf Ind.  18. Funeral director Neumann & Hawson	Injured at home, farm, Industry, public piece (where?)  Meana of injury  injured at work?
Address It michaels Md.	23. SIGNATURE Jugue Rusiz Lord
19. (Date Foe'd by registrar) 1946 J. F. Jackson Registrar	Address Telhouse 2 Date signed with It the

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Talbot County City or town. St. Michaels (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland State	mother) Talbot			
How long in above place of Hospital, Institution, or str	death? Li.	fe death occurren	d:	City or town St. Michaels (If outside city or town limits Street No. (If rurai, give	s, write RURAL and give ne	arest town)
How long In hospital or Ins	stitulion?		***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME Mary	F. Hun	t			3. (b) Social Security	Number
	White		e, married, widowed, or divorced	MEDICAL CE 20. DATE DF DEATH. January 1	ertification	800 A M
6.(b) Name of husband or 1		B. (	c) If alive, give age79years	21. I CERTIFY that death occurred on the date abo	ve stated; that I altended dece	ased from
deceased (mo., day, yr.)	Decemb	er o,	1007	Immediate cause of death.		
8. AGE: Years	Months	Days	If less than one day	Jal .		
78	1	8		Therma Megoldo	sailes	gens
9. Birthplace Talbot, St. Michaels, Maryland  10. Usual occupation Talbot, St. Michaels, Maryland  11. Industry or business  12. Name John H. Burns  13. Birthplace St. Michaels, Maryland			state)	Due to		
				(Include pregnancy within 8 m	nonths of death)	
14. Maiden nameL	ourse E	charu	. 6	Major findings of operations		
14. Maiden nameL. 15. Birthplace V	irginia					
18. Intermant Mrs	. Mildr	ed Ma	nsfield	Autopsy results		
Address St. Michaels, Maryland				PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
Burial  (Burial, cremation, or removal, Which?)  Cemetery  Date thereof January 15,46  (month) (day) (year)		22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide  Where did injury occur?(City or town)	Date of			
location St. Michaels, Maryland			yland	tnjured at home, farm, Industry, public place (wh		
I Nomen Menchell			······································	Meens of Injury	Injured at work?	
18. Funerat director St. Michaels, Maryland		Lania (1)	wt. and del	huller		
19 Loads To Date rec'd by registr	P 19 4 6	de.	hu / tweele	23. SIGNATURE	M. D. Date signed.	or other /-/ 1246

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

Reg. Diat. No. 290

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED:  (Fog newborn infants give residence of mother)
County	Manual a Tallan
City or lown	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KOKAL and give hearest town)
Meurial Hospital	Street No
1 IT TOO	
How long In hospital or Institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	Mth June 11 3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 10
Male Misse Single	2D. DATE DE DEATH 19.46 21 75 L M
6,(b) Name of husband or wile	21. I CERTIFY the death occurred on the date above stated; that I selended deceased from
	124 1 6 46 10 1all 19 46
7. Birth date of	and that I last saw h. WAAA alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   Illess than one day	(Yunstuly
Jan Talla V (O) Mal	
9. Birthplace. (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	
里 12. Hamo	Dther conditions
13. Birthplace md.	
E Marie P Gladdonian)	(Include pregnancy within 8 months of death)
14. Maiden name Manager	Major findings of operations.
14. Malden name Many 15. Birthplace	Date of op.
16 Informant Mericanal Haspilal	Autopsy results
C += 2/1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addition Saster mod	22. VIOLENCE: Il death was duo lo external causes, fill in the following:
(Ruris) cremation of Transval, Which?)  Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory.	Where did injury occur?
Location Zastar may	Injured at home, farm, industry, public place (where?)
16. Funeral directors Illumial Itospital	Moans of injury Injured at work?
Address Taskon Md.	170 Be W, D
1 201 / .	23. SIGNATURE M. D. or othen
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Santa Mad
(Date rec'd by registrar) Registrar	Address Dalo signed 1111 ATTO

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BUREAU V S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-20

# CERTIFICATE OF DEATH

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1	. 7	Reg. Diat.	No ~	, ,	
		ALUE . DIEC.	A 100 00000000		۰

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother)
County Talbot	
Cily or town Royal Oak (If outside city or town limits, write RURAL and give nearest tow	
How long In above place of death?	City or fown Royal Oak (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Perry Jenkins  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male   colored   widower	20. DATE OF DEATH. Services 1976, at 3 P.
Canraia Jankina	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Georgia Jenkins	
7. Birth date of	years and that I last saw h. Ann alive on
deceased (mo., day, yr.) December 25 1853	Immediate cause of death DURATIOH
8. AGE: Years   Months   Days   If less than one day	herouries character by
92 7hrs.	min. site statiol
9. Birthplace. Royal Oak, Talbot, Maryland	
	Jue 10.
1D. Usual occupation laborer	Que to.
11. Industry or business	000 (0
質 12. Name George Jenkins	Dither conditions Indianaties of
12. Name George Jenkins 13. Birthplace Royal Oak, Md.	
E 14. Malden name Liza Harris	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations
15. Birthplace Royal Oak, Md.	Date of op.
16. Informant Georgia Jenkins	Autopsy results.
Address Royal Oak, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. hurisl 1 4 4	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof. 1 4 4 (Burlal, cremation, or removal, Whichi)	Accident, euicide, or homicide
Cemetery or crematory cemetery	Where did injury occur?
Location Royal Oak, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. J. Norman Marshall	Meens of Injury Injured at work?
04 164 - 1 - 2 - 162	
	23. SIGNATURE ORS CENKINS M.D. grouper 6
19 Land 19 46 John Howard Re	M. D. or other b
(Date rec'd hy registrar)	egistrar Address Royal link, my Date signed 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. AMARGIN RESERVED FOR BINDING

FEB 5 1946 BUREAU V.B. 71

Jan. 9, 1946 (month) (day) (year)

The correct age

1. PLACE OF DEATH: St. Michaels (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: Now long in hospital or institution?.... 3. (a) FULL NAME F. M. Chatham Jones 6.(a) Single, married, widowed, or divorced Male White Married Rowena Jair ...6.(c) If alive, give age .... 7. Birth date of October 12, 1869 deceased (mo., day, yr.) If less than one day 8. AGE: 76 4 6 St. Michaels (Town, county, and state) Boat Builder 10. Usual occupation.

2411 N. Charles St., Baltimore (92-6)			
CERTIFICATE OF DEATH	367	 1	9

2 IISHAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of State Maryland Co.		
	Int, Talbot	***************************************
City or town St . Michaels (if outside city or town limit	s, write RURAL and give nea	rest town)
Street No.	***************************************	,
(If rural, give	LOCATION)	
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security None	Number
MEDICAL C	ERTIFICATION	
^		~ .
20. DATE OF DEATH Jan.	1946 19	at 20.P
21. I CERTIFY that death occurred on the date abo		
Sefet 19 1945 to	Jane 7, 199	46 19
and that I last saw h Amaralive on	x. 6, 1946	19
Immediate cause of death Conto		
throuse		
Due to artenio sch	Censes!	***************************************
with chrowing		***************************************
Due to many fice		***************************************
with Ellens	e of legs	***************************************
		*********************
Other conditions	***************************************	***************************************
(Include pregnancy within 3 r	nonths of death)	
Major findings of operations		
major inadiage of options		× = = = 0 0 0 = = 0 0 0 0 0 0 0 0 0 0 0
	vate of op	
Autopsy results	nich death should be charged s	statistically.
22. VIOLENCE: If death was due to external cau		
Accident, suicide, or homicide		
Where did injury occur?	(County)	(State)
Where did injury occur?(City or town)		
(City or town) Injured at home, farm, Industry, public place (wi	1ere?)	

Address Strinclinely Md Date signed Jan 8

PLEASE WRITE PLAINLY, WINH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and regibly MARGIN RESERVED FOR BINDING

11. Industry or business

14. Maiden na 15. Birthplace

16. informant

Address

14. Malden name...

12. Name Edward Jones

Burial TV (Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

Cemetery or crematory Cemetery St. Michaels

Rowena Jones

18. Funeral director J. Norman Marshall St. Michaels peron

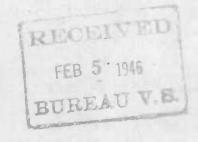
St. Michaels

St. Michaels

Elizabeth Marshall

St. Michaels

Date thereof....



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
County	State Many Cutal C coupty Tal Day
(If outside city or town limits, write RURAL and give gearest town)	A A V.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Phenoial Hospital	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Willia Edward Kirly	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male Whole Widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Sellie Souther	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Kirly 6.(c) If allve-give age years	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, fr.) + el. 17.1864	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
6\ 81 11 13hrsmin.	, and a second s
9. Birthplace allot Co. Md.	Due to Literational land
(Town, county, and state)	block
10. Usual occupation	Due to
	Other conditions
12. Name 13. Birthplace	
# 14. Maiden name.	(Include pregnancy within 3 months of death)
14. Malden name.	Major findings of operations.
m	Antopsy results.
Address Baltimore And	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Decoded 212141	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Strang Strang	Where did injury occur?
Location Republication of the Location of the	Injured at home, farm, industry, public place (where?)
18. Funeral director And Solia Charte Marks.	Means of Injury Injured at work?
Address Caston, Afd.	Jala Baha M. D.
. 211 " 4 M. Mensi	23. SIDNATURE M. D. or other
19	7 (10 ) (10 MQ) But stand 2 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

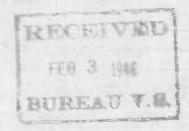
2411 N. Charles St., Baltimore 940

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### CERTIFICATE OF DEATH

D	Dist	N.	2	9	0

County. Dallett.	2. USUAL RESIDENCE (FIOME) UF DECEASED: (For newborn infants give residence of mother) State
Cily or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME, Marris Marchael.	3. (b) Social Security Number
14. Sex   5. Polor or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. January 78 19/6, 21 M
6.(b) Name of husband or wife. I Sair Sair Sair Sair Sair Sair Sair Sair	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.46  and that Last saw h
8. AGE: Years Months Days It less than one day  75 / 3hrs,mln.  9. Birthplace (Town, county, Ayd state)	Immediate cause of death BURATION  Due to Performance Performance Due to
1D. Usual occupation	Due to.
12. Name Marshap  13. Birthplace  14. Malden name Country  15. Birthplace  16. Marshap  17. Marshap  18. Marshap  18. Marshap  19. Marshap  19. Marshap  10. Marshap  11. Marshap  11. Marshap  12. Marshap  13. Marshap  14. Malden name Country  15. Birthplace	Other conditions
16. Informant My D. D. Dacheulls  Address, Swiley, M.A.	Antopsy results
17. Burial, cremation, or removal, Which?)  Cemetery or crematory Audio Characteristics  Compared to the control of the contro	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Markhya Va	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?
19. (Date rec'd by registrar)  19. (Bate rec'd by registrar)	23. SIGNATURE J. J. B. M. D. or other  Address Date signed J. 74. 4.6



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERT	LIEL	CAT	CE (	OF	DEA	TL
		WA.	The state of			A

X		594
	Reg. Diat.	No.

1. PLACE OF DEATH:  County July Of City or town (If outside city or town limits, write RURAL and give nearest town)  How long in shove place of death?.  Hospital, inelitation, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city of town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If reteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LyBrand Mesler	none
4. Sex    Sex   S. Color or race   S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that wath occurred on the date above stated; that I sttended deceased from  19. 46. To 19. 46.
deceased (mo., day, yr.) Sept 15-1876	and that I last saw h
8. AGE: Years Months Days If less than one day  69 4 //	Immediate cause of death  Christopic Claracon  Due to Attains Schools  Syrange
Out of the	
10. Usual occupation.  11. Industry or buelness W. Muster  12. Name S. Muster  13. Birthplace Docchestus W. M.	Due to
14. Maiden name Francis Bramble	(Include pregnancy within 3 months of death)
14. Malden name Frances Bramble 15. Birthplace Gingater Darketer Co. Ma.	Major findings of operations
Address 2925 Nelson Place S. E. Washington	Antopsy results
Address 2720 Malaon Male P. C. Washington (17. Burial Proposed Which?)  Date thereof (month) (day) (year)  Cemetery or crematory (willess)	22. VIOLENCE: If death was due to external causes, flit in the following;  Accident, suicide, or homicide
Til Gland	tnjured at home, farm, industry, public place (where?)
16. Funeral director Meurian & Mariaon	Means of Injury Injured at work?
19. 1/28 (Date/rec'd by registrar)  19. Registrar	23. SIGNATURE  M. D. or other  Address  Address  Address

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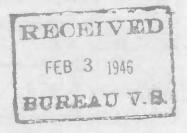
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

/ U	Reg. Dist. No.,Ca., J. Land
1. PLACE OF DEATH: Could be to the could be to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City of lown	City or town (If outside city or town limits, write RURAL and give nearest town)
bosnial institution, or street address where death occurred;	Street No
How long to country a mount of	3. (b) Social Security Number
3. (a) FULL NAME  DANIEL THOMAS OREN	1
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	2D. DATE DE DEATH January 28, 1946, at M
B.(b) Name of husband or with Constance Concey Deems	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) It alive give age years	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.)  8. A.G.F. Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years Months Days ITless than one day  8. Months Days ITless than one day  18	Coronary occlusion and.
9. Birthpiace	Due to.
1D. Usual occupation.	Due to
11. Industry or business 4. J. Joseph Conference Confer	Dither conditions
13. Birthplace Thurch Ocean Haga.	(Include pregnancy within 3 months of death)
14. Maiden name Abstract Creek, Med.	Major findings of operations.  Date of op.
16. Informan Las Toustance Carey Stren	Antopsy results
Address Joyal Jake 1994.  17. Descrial Date thereof Law 31, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial cremation, or removal Which?) (month) (day) (year)  Cemetery or cremators	Where did Injury occur?
San Oti - a Mild	Injured at home, farm, Industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director	La: O Hart not Del Me Dec
Address & aslow, seed.	23. SIGNATURE DULLE, WORLD DO OF OTHER
19	Address Deston Mal Date signed - 27 - 44

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mall 923 - 926
9.5.3/28/07



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 485

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Many County (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME B. Para	3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced  Limali Mile Mile Mile Mile Mile Mile Mile Mi	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. FCERTIFY that death occurred on the date above stated; that I atlended deceased from 1945.  and that I last saw have alive on factoring 1945.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
9. Birthplace	Due to
11. Industry or business    12. Name   Sdurard   Industry or Business   Calabara   Industry or Business   Industry or B	Dither conditions
14. Maiden name Katherine B. Carmelael  15. Birthplace  16. Interment Man. 21-74 Birthpl	Major fiadings of operations
Address (Melastows, Md  17. Burial, cremation, or respectively). Which?  Cemetery or crematory. Which?  Cemetery or crematory. Which?  Cemetery or crematory. Which?  Consider Some Difficulty of the Control of the Con	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funded director  Address  19. / O P. P. Noure  Registrar  Registrar	Means of injury  tnjured at work?  23. SIGNATURE  M. D. or other  Address  Date signed 1-7-4-5.

JAN 14 1946

2411 N. Charles St., Baltimore 22

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#### CERTIFICATE OF DEATH

Rev. Dist. No. 290

V	TOS. Dist. No. manusana
1. PLAYE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Elizabeth a. Residon.	3. (b) Social Security Number
4. Sex J. Of S. Color or race   6.(a) Single, married, widowed, or divorced Ringle.	MEDICAL CERTIFICATION  20. DATE OF DEATH 200 P. M. 19.46 21 1.1:00 P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) August 3, 1879  8. AGE: Years Months Days If less than one day	and that last saw h. t. alive on
9. Birthpiace Titusiell Ca. (Town, county, and state)	Due to. Corona delani
11. Industry or business	Due to
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Aglelia Manager 15. Birthplace Reland.	Major findings of operations
Addres 3 75 Therefork Pines Carpelia Pa.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof, The 1916 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location	Injured al home, farm, Industry, public place (where?)
18. Funeral director Milles Cark.  Address Earlon , M	Meane of Injury Injured at work?
19. 1/23 (Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar)	23. SIGNATURE M. D. or other  Addrese Date signed / -23-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

JAN29 1946 BUREAU V.R.

PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2006

## CERTIFICATE OF DEATH

(10930291 Reg. Diat. No. 291

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State May County & albor		
How long in above place of death?	City or town		
How long in hospital or instillution?	2.(a) If veteran, name war		
3. (a) FULL NAME Win nicholas segmon	3. (b) Social Security Number 218-11-1624		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced whele widowee	MEDICAL CERTIFICATION Sout  20. DATE OF DEATH, Jan. 28 le 19.46, 11 Kingson		
6, (b) Name of husband or wife Elizabeth Marchall	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from I didn't altered from 19		
7. Birth date of deceased (mo., day, yr.) May 182 1820	and that I last saw h. aller on		
8. AGE: Years Months Days If less than one day	DO USTHUOW.		
9. Birthplace St. Michaela, Md	Due to		
1D. Usual occupation. Waterman	Due to		
11. Industry or business  12. Name William Jt. Sleymou  13. Birthplace St michaels Mil	Other conditions		
14. Malden name. Clarsia muchalls  15. Birthplace St. Michaels Ind	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
16, Informant arrol Llymons  Address of michaels md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Bate thereof Jan. 20, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cometery or crematory Attack Ceruellus  Location At Michaels, Bhb	Where did injury occur?		
18. Funeral director Vewnam + Flavion	Means of injury Injured at work?		
Address St. Michaels. Ind	23. SIGNATURE S. Denny Wellson Mr. D.		
19. Jan 2 9 5 19. 46 Adams Hartwales Registrar	Address St. Muleselv, Md Bate signed Jaco 9 46		

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FEB 5 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

#### CERTIFICATE OF DEATH

V	9	00931 41
-		Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Vallot	(For newborn infants give resideuee of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	5121e
How long in above place of death?	City or town (1f ontside city or town limits, write RURAL and give nearest towo)
Hospital, Institution, or streel address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles M. Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower	
	2D. DATE DF DEATH. Samuary 19 76 of a M
8.(0) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated; that I ettended deceased from
7. Birth date of deceased (ma., day, yr.) March 14, 1876	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
69 9 24hrsmin.	See
9. Birthplace Somers Co. md (Town, county, and state)	Due to.
10. Usual occupation Carpenter	
11. Industry or business	Due Io
12. Name Unknown  13. Birthplace Unknown	Dther conditions.
E 7- 1- 11	(Include pregnancy within 8 months of death)
pel I to margon omno-	Majer findings of operations
\$ 15. Birthplace unknown	Date of op.
16. Informant John Smith	Actopsy results
Address New comb md	PHYSICIAN: Please uoderline the cause to which death shoold he charged statistically.
	22. VIOLENCE: If dealh was due to external causes, fill in the following;
17. (Burial, cremation, or repropal. Which?)  Date Ibereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Cemetery	Where did injury occur?
near It Michaelo.	Injured al home, farm, industry, public place (where?)
Location Control of the Control of t	Means of injury Injury Injury
18. Funeral director / Lunam + Varner	injured at mores
Address St. michaels Ind	23. SIGNATURE ON S CONTRINS WY
In the self below 11.	23. SIGNATURE COLD COLOR M. D. or other
(Date rec'd by registrar)	Address Romas Dale Spreed 18

Process to STADISTIPLY

FEB 5 1946
BUREAU V.E.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			6	0 -
Reg.	Dist.	No.	0	90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County V 19104/	(For newborn infants give residence of mother)
City or Jown	State Many Yau County 10101
City or 10wn(If outside city or town limits, write RURAL and give nearest town)	(If outside city on town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city on town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 27 11. Howson 51.
Memoral Maspital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kussell Soulsky	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D. DATE OF DEATH QUUNTY 1 19 HC at A
The state of the s	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
R (c) If all ye give age years	nec. 31 /19.45, 10 /all, 1 19.46
7. Birth date of B.(c) If alive, give age years	and that I last saw h. W.M. alive on
deceased (mo., day, yr.) (Maguel 13, 1981	Immediate cause of death
8. AGE: Years Months Days 11 less than one day	Teneralized apprimed 36 W.
6+ 4 19min.	Paritorietis
Geston Med.	Presture Direction 214
9. Birthplace (Town, county, and state)	DUE 10
10. Usual occupation.	for the state of t
	Due to
11. Industry or business	
12. Name Plaster V. Youlsky	Dther conditions
13. Birthplace	(include pregnancy within 3 months of death)
14. Malden name Many A Smarthers 15. Birthplace Pa.	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace	Date of op
18. Informant May . May C. Classico	Antopsy results
Address Basloy. The	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, 1111 in the tollowing;
(Burial, cremation, or remove). Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Mai Well	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
Location Dass To	Injured at home, farm, industry, public place (where?)
18. Funeral director	Meens of Injury Injured at work?
The State of the s	
Address	23. SIGNATURE John Dalin M.D.
1/2 , 46 m / Noone	M. D. or other
19	Address Cafo Date signed -3- 7-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

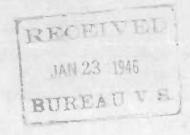
2411 N. Charles St., Baltimore (246)

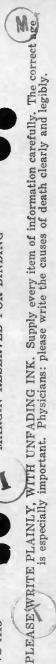
# CERTIFICATE OF DEATH

00932

Reg. Dist. No. 290

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Mr. William Tidawell	154-05-1263
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M 11). Unidante	20. DATE OF DEATH
CO WAS OIL	20. DATE OF DEATH
B.(b) Name of husband or wife	1. 1 Centify that death occurred on the date above stated, that I alternate deceased from
5. (c) If alive, give ageyears 7. Birth date of	and thef I last saw halive on
deceased (mo., day, yr.) /88_3	Immediate cause of death
8. AGE: Years Months Days If less than one day	
62hrsmin.	temosphage, Gastro into triel, week
9. Birthplace	Due to
(Town, county, and state)	Due to. Cyrhosis of hiver 3 years
10. Usual occupation.	Due to not due to cancer cuto
11. Industry or business	
12. Hame Landscape 13. Birthplace 13.	Other conditions
≾ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
S 15. Birthplace	Date of op.
16. Informant P. Selis Clark	Aptopsy results.
C	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Caston Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) (month) (day) (rgar)	Accident, suicide, or homicide
Cemetery or crematory. White March Mace Fack	Where did injury occur?
1 Reublen Pan	Injured at home, farm, Industry, public place (where?)
Location Carlo Car	Meens of Injury Injured at work?
18. Funeral director 1.1.	me
Address Joseph, M.J.d.	23. SIGNATURE 22 Cox 2n D.
19. 1/19 19 46 M. Herris	M. D. or other
19. (Date/rec'd by registrar) Registrar	Address 2asto 2nd Date signed 1-14-46





#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 902

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County City or town		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboro infacts give residence of mother)  Stete				
		******************************	***************************************	2.(a) If veleran, name war		
3. (a) FULL NA	wie S.	Whar	ton		3. (b) Social Security	
4. Sex	5. Color or race	6.(o)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Lemale	white	w	rdow	20. DATE OF DEATH Jan . 11 , 194	n 10	4
	9-1	PT	Wat	21. I CERTIFY thet death occurred on the date above		
6.(b) Name of husb	//	<u> </u>		Jan 9, 1946 19		
7. Birth date of		B.(c	e) If alive, give ageyears	and that I last saw h. er alive on Jan	10.1946	10
deceased (mo., d	ay, yr.) may	20 186	7			DURATION
0	ears Months	Days	If less than one day	Immediate came of death Disease		DOWNTON
9. Birtholace	St. michae	l. 22	hrs,min.	Due to Chr. Rheumatoia		000000000000000000000000000000000000000
o. on implace	(Tow	n, connty, and e	tate)	596 (0		2 yrs
1D. Usual occupation	on Vyoueur	Ye	***************************************			
11. Industry or business				Due to		***************************************
12. Name Josiah Fairbank  13. Birthelite St. michaela Talbotlo. Indi  14. Maiden name Harrist Hambeton				Other conditions Aortic Aneur	ysm	***************************************
				(incinde pregnancy withio 3 months of death)		
15. Birthplace	14 mi	-0-11	Tallotto md.	Major findings of operations	***************************************	
	For en	wharto		None		
16. Informent	St. mi	halla		Autopsy results		
17. Bue	tioo, or remoyal. Which	Date there	(month) (day) (year)	22. VfOLENCE: If death was due to external cause Accident, suicide, or homicide		
Cemetery or crem	100.	_	Leay (Jear)	Where did injury occur?		
Location	+ miche	ely,	mo.	Injured at home, farm, Industry, public place (when	e?)) 4	
18. Funeral director Newmann & Otarreson				Means of Injury Injured at work?		
Address			elo. mo	23. SIGNATURE & Theursoll		
19 Date rec'd by	5 4 6 19 4 4	Sol	- Heavestaler	St.Michaels, Mary	land M. W. B	or other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

# 00933

CERTIFICATE OF DEATH

Reg. Diat. No. 2.90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	VFor newborn infants give residence of mother)
City or town	State. I MULTI County County W.C.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Memoral Ropolal	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mo maria Wheeler	S.(o) Social Section, Name of
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F w married	20. DATE DF DEATH 19.4 ( 21 2 A
500 - Traday	21. I CERTIFY that death occurred on the date above stated; that I all and of descared from
B.(0) Name of husband or wife	Jan 9 10 46 10 Jan 9 10 46
7. Birth date of	and thet I last saw h. C.D. alive on D.C.L.s. 9 19 146
deceased (mo., day, yr.) Luce 21, 1894	Immediate cause of death DURATION
8. AGE: Years Inghths Days If less than one day	Immediate cause of death
50 6 19min.	S.J. Whead 10hus?
9. Birthplace Royal Ochs mid. (Town, county, and state)	Due to
10. Usuat occupation.	
11. Industry or business	Due to
MI 1.1 0.1C 0.0	
12. Hame Setting P. d.	Dther conditions
13. Girthplace alteriore nid.	(Include pregnancy within 8 months of death)
# 14. Maiden name Maria Truelle	
14. Maiden name Maria Baltinos Nid	Major findings of operations
-1 13. Utiliplate	Date of op
16, informant	Antopsy resnits
Address Zaslon Ma'	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Recident suicide or homicide & Wicide Bate of 1-9-46
Cemetery or crematory	Where did injury occur? MV. Easter Nelbot MA (City or town) (County) (State)
Location Ondo Md.	Injured at home, farm, industry, public place (where?)
16. Funeral director of the Dullsians	Maans of injury S.J. W. Injured at work?
Address / Paolog Wide	Lanie S. West m. Dephuller
Ma We Smel Sand	23. SIGNATURE
19. (Date rpc'd by registrar)	Address Pasta Mil Date signed 1-10-46

JAN 14 1946 - BURDAD V.S.